New Hampshire Building Capacity for Transformation 1115 Medicaid Waiver

IDN PROJECT PLAN TEMPLATE

Contents

Final as of August 30, 2016

Introduction to the IDN Project Plan Template

The IDN Project Plan Template outlines the information required to be submitted by each IDN as part of its Project Plan. This template was posted for public comment on July 7. This is the final version of this template. IDNs are required to submit completed Project Plans by October 31, 2016. Please see Section E below for additional information on key dates and Plan submission instructions.

A. Background on New Hampshire's Medicaid Waiver Demonstration and Emerging Integrated Delivery Networks

New Hampshire's *Building Capacity for Transformation* 1115 Medicaid Waiver represents an unprecedented and unique opportunity for New Hampshire to strengthen community-based mental health services, combat the opioid crisis, and drive health care delivery system reform. The program will be spearheaded by regionally-based networks of organizations—Integrated Delivery Networks (IDNs)—that will design and implement projects in a geographic region.

Each IDN has an Administrative Lead that serves as the coordinating entity for the IDN's partner network in planning and implementing its program and serves as a single point of accountability for the state. In May 2016, each organization interested in serving as an IDN Administrative Lead prepared and submitted an IDN Application on behalf of itself and participating partner organizations. As part of these documents, applicant IDNs were asked to provide information on the following topics:

1. The Administrative Lead's qualifications/capabilities in coordinating transformation initiatives and its financial controls/processes
2. A preliminary network of participating organizations and description of existing active working relationships among these organizations (this information was also used to inform preliminary Medicaid member attribution calculations for each applicant IDN)
3. Description of the process to be used to solicit stakeholder and community input for future planning and implementation efforts
4. High-level description of local behavioral health community needs
5. Description of process the IDN will follow in developing its IDN Project Plan
6. Explanation of how Project Design and Capacity Building Funds will be used to prepare IDN Project Plans and support the transformation goals of the demonstration and preliminary estimates of how the funds will be spent

The state's contracted Independent Assessor reviewed these IDN Applications and has made recommendations for IDN approval/remediation to the state. In August, 2016, the state plans to announce the IDNs that have been approved though the IDN Application process. The organizations participating in these approved IDNs will then collaborate to prepare an **IDN Project Plan**.

B. IDN Project Plan Template: Purpose

As part of this demonstration, IDNs will implement a set of six projects, three of which are mandatory for all IDNs and three of which will be selected by each IDN from a menu. The IDN Project Plan:

- Provides a blueprint of the work that an IDN will undertake through the implementation of these six projects
- Explains how its work responds to community-specific needs and furthers the objectives of the demonstration
- Provides details on the IDN's composition and governance structure
- Supports the IDN in complying with other terms and conditions of participation in the demonstration
- Requires community stakeholders engagement

IDN Project Plans will be used by the state to assess IDN preparedness in planning and implementing its local demonstration program and the IDN program's alignment with the demonstration's overall objectives and

requirements. The state's contracted Independent Assessor will review and evaluate IDN Project Plans and make recommendations for approval/remediation of each Plan.

In addition, commitments made by an IDN in its Project Plan will inform terms of a contractual agreement between the state and each IDN, outlining various requirements and obligations of each IDN Administrative Lead and other participating organizations in the IDN in order to be eligible to receive incentive funding.

C. IDN Project Plan Template: Structure

The **IDN Project Plan Template** (this document) outlines the information required to be submitted by each IDN as part of its Project Plan. Please see Section E below for additional information on key dates, Plan submission instructions, and a Plan submission checklist.

The Project Plan template is divided into two main sections. Section I focuses on the IDN's Service Area Community Needs Assessment, its overall programmatic vision, its composition, and its governance structure. Section II asks IDNs to provide detailed project-specific plans.

In some questions, IDNs are asked to provide responses in narrative format. The template is also accompanied by a blank Supplemental Data Workbook for IDNs to use in submitting answers to questions that require certain structured data elements.

Each template question is outlined in the table below, along with the total available points by question and sub-question, and the requested response format for the question.

In addition to an Introduction, the template also includes four supplementary appendices which provide important detailed guidance on specific questions. IDNs should refer to these appendices when completing these sections of the template. Questions that reference appendices are noted in the table below.

IDN Project Plan Template Outline and Scoring Framework

Question	Total Points Available	Point Value	Question	Response Format	Max Word Count	Relevant Appendix
Section I: IDN-level Plan						
1. Vision Statement	10	10	1: IDN Vision and Theory of Action	Narrative	500	
2. IDN Service Area Community Needs Assessment	30	10	2a: Analysis of IDN Service Region Prevalence Rates	Narrative	1,000	
		5	2b: Regional Demographics	Narrative	750	
		5	2c: Current resources available	Narrative	1500	
		10	2d: Assessment of gaps in care	Narrative	1500	
3. Community Engagement and Stakeholder Input	20	10	3a: Narrative description of IDN solicitation of community input in developing Project Plan	Narrative	1000	
		10	3b: Narrative description of IDN solicitation of community input during demonstration	Narrative	1000	
4. Network Composition	10	P/F	4a: Finalized network list	Supp. Data Workbook	n/a	
		10	4b: Description of how IDN network will be leveraged to address care gaps	Narrative	750	
5. Relationship with Other Initiatives	10	10	5: Description of existing initiatives	Narrative	1000	
6. Impact on Opioid Crisis	15	15	6: Description of how this Plan addresses the opioid crisis	Narrative	750	
7. IDN Governance	50	25	7a: Overall governance structure	Narrative	2000	
		25	7b: Four governance domains	Narrative	2000	
		P/F	7c: Governance charters	Charters	n/a	
		P/F	7d: Key IDN management roles	Supp. Data Workbook	n/a	
8. Budget and Funds	50	15	8a: Final budget narrative	Narrative	750	

Question	Total Points Available	Point Value	Question	Response Format	Max Word Count	Relevant Appendix
Allocation		P/F	8b: Final projected budget estimates	Supp. Data Workbook	n/a	A
		30	8c: Funds allocation governance	Narrative	1500	
		5	8d: Funds flow to shared partners	Narrative	500	
9. Alternative Payment Models	5	5	9: Current use of alternative payment models	Narrative	500	
Section II: Project-level Plans						
10. Project A1: Behavioral Health Workforce Capacity Development	25	P/F	10a: IDN workforce project leads and participants	Supp. Data Workbook	n/a	
		10	10b: Narrative describing IDN's workforce capacity challenges	Narrative	750	
		15	10c: Narrative describing expected IDN efforts to address workforce capacity challenges	Narrative	750	
11. Project A2: Health Information Technology (HIT) Infrastructure to Support Integration	25	P/F	11a: IDN HIT project leads and participants	Supp. Data Workbook	n/a	
		10	11b: Narrative describing IDN's HIT gaps	Narrative	750	
		15	11c: Narrative describing expected IDN efforts to address HIT gaps	Narrative	750	
12. Project B1: Integrated Health (Core Competency)	100	P/F	12a: Current-state assessment of network specific to Core Competencies	Supp. Data Workbook	n/a	B
		P/F	12b: Participating organizations	Supp. Data Workbook	n/a	B
		50	12c: Monitoring plan	Narrative	2000	
		10	12d: Expected outcomes	Narrative	1000	
		10	12e: Challenges and proposed solutions	Narrative	1000	
		30	12f: Implementation Approach and Timing	Supp. Data Workbook	n/a	C
13. Community-Driven Project #1	50	10	13a: Project selection rationale and expected outcomes	Narrative	1000	
		5	13b: Participating organizations – selection criteria	Narrative	750	
		P/F	13c: Participating organizations – list of organizations	Supp. Data Workbook	n/a	
		15	13d: Monitoring plan	Narrative	1000	
		5	13e: Challenges and proposed solutions	Narrative	750	
		15	13f: Implementation approach and timing	Supp. Data Workbook	n/a	D
14. Community-Driven Project #2	50	10	14a: Project selection rationale and expected outcomes	Narrative	1000	
		5	14b: Participating organizations – selection criteria	Narrative	750	
		P/F	14c: Participating organizations – list of organizations	Supp. Data Workbook	n/a	
		15	14d: Monitoring plan	Narrative	1000	
		5	14e: Challenges and proposed solutions	Narrative	750	
		15	14f: Implementation approach and timing	Supp. Data Workbook	n/a	D
15. Community-Driven Project #3	50	10	15a: Project selection rationale and expected outcomes	Narrative	1000	
		5	15b: Participating organizations – selection criteria	Narrative	750	
		P/F	15c: Participating organizations – list of organizations	Supp. Data Workbook	n/a	
		15	15d: Monitoring plan	Narrative	1000	
		5	15e: Challenges and proposed solutions	Narrative	750	
		15	15f: Implementation approach and timing	Supp. Data Workbook	n/a	D

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D. Additional Background on Elements of Project Plan Template

This section provides additional background, guidance, and expectations on certain elements of the Project Plan template. For additional detail, IDNs should also refer to the following documents:

1. The Special Terms and Conditions (STCs) of the waiver, which set forth in detail the nature, character, and extent of federal involvement in the demonstration, the state's implementation of the expenditure authorities, and the state's obligations to CMS during the demonstration period. The STCs were approved on January 5, 2016.
2. A draft "Planning Protocol" (which will become Attachment C of the STCs), submitted to CMS on March 1, 2016
3. A draft "Funding and Mechanics Protocol" (which will become Attachment D of the STCs), submitted to CMS on March 1, 2016
4. A draft "Project and Metrics Specification Guide," which provides additional detail and specifications on the project and metrics involved in the waiver, expected to be released for public comment in May, 2016
5. The IDN Application, finalized on May 6, 2016.

a. IDN Governance Expectations

As part of the development of this Project Plan, IDNs must establish a governance structure to facilitate and oversee decision-making. In establishing an IDN governance structure, the Administrative Lead and other participating organizations must ensure the governance structure is consistent with the following principles:

- *Participatory*, i.e., IDN partners have active roles in decision-making processes
- *Accountable*, i.e., Administrative Lead and partners are accountable to each other, with clearly defined mechanisms to facilitate transparent decision-making
- *Flexible*, i.e., within parameters established by DHHS, each IDN can implement a governance structure that works best for it

It is required that an IDN identify a primary governing body (e.g., a Board or Executive Committee) and that this body include representation from across all of the following organization types:

- Primary care practices and facilities
- Substance use disorder (SUD) providers, including recovery providers
- Regional Public Health Network host agencies
- Regional Community Mental Health Centers
- Peer-based support and/or community health workers
- Hospitals
- Federally Qualified Health Centers, Community Health Centers or Rural Health Clinics where available within a defined region
- Community-based organizations that provide social and support services needed by people with behavioral health issues, such as transportation, housing, employment services, financial assistance, childcare, veterans services, community supports, legal assistance, etc.
- County facilities, such as nursing facilities and correctional institutions

The primary governing body should be no larger than 15 members (exceptions require written justification). In addition, the overall structure of governance bodies established by the IDN must reflect oversight over the following four domains, at a minimum:

- Financial governance, including how decisions about the distribution of funds will be made, the roles and responsibilities of each partner organization, and budget development

- Clinical governance, including standard clinical pathways development and strategies for monitoring and managing patient outcomes
- Data/IT governance, including data sharing among partners and reporting and monitoring processes
- Community engagement, including the processes by which the IDN will engage the community in the development and implementation of the IDN

Furthermore, each IDN is required to identify individuals serving the following key management functions:
- Executive Director, or equivalent
- Medical Director, or equivalent
- Financial Director, or equivalent

What this Project Plan asks for regarding IDN governance:

Question 7 in the IDN Project Plan template asks each IDN to elaborate on its governance structure and provide copies of its governance charters.

b. IDN Funding Transparency

Project Design and Capacity Building Funds

Upon approval of the IDNs, the state will be distributing one-time Project Design and Capacity Building Funds in 2016. These funds allow IDNs to develop the foundational tools and human resources that will enable IDNs to build core competencies and capacity in accordance with community-based priorities.

What this Project Plan asks for regarding use of Project Design and Capacity Building Funds:

As part of the IDN Application, each applicant IDN was asked to provide preliminary estimates for how Project Design and Capacity Building funds would be allocated, with the opportunity to finalize these estimates as part of this IDN Project Plan. Question 8 of the IDN Project Plan template asks IDNs to provide these final estimates.

Five-year IDN Incentive Funding

In addition to initial Project Design and Capacity Building Funds, IDNs have the opportunity to earn incentive funding over the course of the five-year demonstration. The maximum amount available to be earned by IDNs over the course of the demonstration will be determined once IDN networks have been finalized based on data being submitted through this Plan and final Medicaid beneficiary attribution is calculated for each IDN. These funds can be earned through the achievement of specific process milestones and outcome metric targets by project during each semi-annual reporting period over the course of the demonstration.

Incentive funds are intended to be used by IDNs for investments that support the IDN in achieving its process and outcome metric targets and advancing the overall objectives of the demonstration. IDNs will be required to develop budgets for each project as part of its budgeting and funds allocation planning process. The state will require that IDNs submit updated budgets as part of the semi-annual reporting process, and IDNs will be required to provide financial reports detailing how they have used the funds.

Please note that although each project allows IDNs to earn a maximum amount for meeting milestones/metrics associated with project, IDNs can choose to spend the earned funds on their projects at their discretion in order to best enable successful achievement of demonstration objectives, consistent with the IDN's governance and decision-making process. In other words, an IDN that earns $10,000 based on its achievement of a Year 2 milestone associated with the statewide HIT project (A2) is not obligated to re-invest those funds in the HIT project. Indeed, an IDN could instead choose to invest those earned funds in furthering the objectives of the Core Competency project (or any other project).

c. **Alternative Payment Models Transition Roadmap**

Development of the APM Transition Roadmap: late 2016 – early 2017

As required by the Special Terms and Conditions (STCs) of the waiver, by April 1, 2017 the state will develop a roadmap towards implementing a goal of using Alternative Payment Models (APMs) for at least 50 percent of Medicaid provider payments. In developing this roadmap, the state will engage with Manage Care Organizations, IDNs, providers, and other stakeholders to evaluate payment model options, set payment methodology standards, and establish intermediate milestones. Throughout this process, the state will draw on the Alternative Payment Models framework proposed by CMMI's Health Care Payment Learning and Action Network, as well as the APM typologies established by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and the associated proposed rules. The process and models also will be informed by New Hampshire's experience with DSRIP implementation, participation in the CMS Innovation Accelerator Program (IAP) Physical and Mental Health Integration PMH initiative, and other New Hampshire-specific considerations. Of necessity, the plan will be flexible, but, currently, it is anticipated that allowable APM models may include bundled payments (with up and downside risk), PCMH primary care payments with shared savings, population based payments for condition-specific care (e.g., via an ACO or PCMH), and comprehensive population-based payment models.

As described in draft Attachment C to the Special Terms and Conditions of the waiver, over the course of the demonstration, IDNs will be required to meet the following milestones as part of the planned transition to Alternative Payment Models:

- Conduct IDN baseline assessment of current use of and capacity to use APMs among partners
- Participate in development of statewide APM roadmap through workgroups and stakeholder meetings
- Develop and IDN specific roadmap for using APMs
- Meet IDN specific measures identified in the roadmap that measure progress toward meeting APM goals, including financial, legal, and clinical preparedness and engagement with MCOs.

What this Project Plan asks for regarding APMs: a High-level Description of Current Use of APMs

In advance of more detailed IDN planning related to the transition to Alternative Payment models, this Project Plan (Question 9) asks IDNs to provide a high-level description of current use of APMs among participating IDN organizations.

d. **Overview of Mandatory Projects to be Implemented by All IDNs**

Behavioral Health Workforce Capacity Development (Statewide Project)

The Behavioral Health Workforce Capacity Development project aims to increase community-based behavioral health service capacity through the education, recruitment and training of a professional, allied-health, and peer workforce with knowledge and skills to provide and coordinate the full continuum of substance use disorder and mental health services. As part of this effort, each IDN will develop and implement a strategy for addressing its workforce issues using a framework established by a Statewide Behavioral Health Workforce Capacity Taskforce.

This Taskforce will be formed with representation from IDNs and other stakeholders across the state. Through a process facilitated by the State or its delegate, the Taskforce will spearhead the following activities:
- An assessment of the current behavioral health workforce gaps across the state and IDN regions, informed by an inventory of existing workforce data/initiatives and data gap analysis
- Identification of the workforce capacity needed to meet the demonstration goals
- Development of a state vision and strategic plan to efficiently implement workforce solutions, for approval by the state

Based on this statewide planning effort, its own community needs assessments, and the community-driven projects it has selected, each IDN will then develop and implement its own workforce capacity plan. The plan must be approved by the state and executed over the course of the demonstration.

What this Project Plan asks for: Additional Information re: IDNs participation in the statewide Workforce project

These plans will be developed in conjunction with the statewide planning effort; however, as part of this Project Plan, IDNs are asked (in Question 10) to provide additional information regarding its participation in this planning process. Please see the Project and Metrics Specification Guide for additional detail on the project requirements and timing of deliverables.

Health Information Technology (HIT) Infrastructure to Support Integration (Statewide Project)

The objective of this project is to develop the HIT infrastructure required to support high-quality, integrated care throughout the state. Each IDN will be required to develop and implement a plan for acquiring the HIT capacity it needs to meet the larger demonstration objectives. To promote efficiency and coordination across the state, this project will be supported by a statewide Taskforce that includes representatives from across New Hampshire. All IDNs will be required to participate in this Taskforce, with members drawn from across the mental health and substance use disorder provider communities in each IDN, as well as other members who can bring relevant experience and knowledge such as the NH Health Information Organization (NHHIO).

Facilitated by DHHS representatives and/or delegates, this Taskforce will be charged with:
   a) Assessing the current HIT infrastructure gaps across the state and IDN regions
   b) Coming to consensus on statewide HIT implementation priorities given demonstration objectives
   c) Identifying the statewide and local IDN HIT infrastructure requirements to meet demonstration goals, including:
        i. Minimum standards required of every IDN
        ii. 'Desired' standards that are strongly encouraged but not required to be adopted by every IDN
        iii. A menu of optional requirements.

Each IDN will then develop and implement IDN-specific implementation plans and timelines based on the Taskforce's assessment and recommendations, the IDN's current HIT capacity, and the IDN-specific community needs assessment. While not every HIT infrastructure gap can be addressed through this demonstration, examples of where the HIT project could potentially drive improvements include:
   1) Level of IDN participants utilizing ONC Certified Technologies
   2) Level of IDN participants capable of conducting ePrescribing and other core functions such as registries, standardized patient assessments, collection of social determinants, treatment and care transition plans, etc.
   3) Level of IDN participants utilizing Certified Electronic Health Record Technology (CEHRT).
   4) Level of IDN participants capable of conducting ePrescribing and other core CEHRT functions such as registries, standardized patient assessments, collection of social data, treatment and care transition plans, etc.
   5) Ability for IDN participants to exchange relevant clinical data with each other and with statewide facilities such as New Hampshire Hospital via health information exchange (HIE) standards and protocols.

6) Ability for IDN participants to protect electronically-exchanged data in a secure and confidential manner meeting all applicable State and Federal privacy and security laws (e.g., HIPAA, 42 CFR Part 2).

7) Ability for IDN participants to use comprehensive, standardized physical and behavioral health assessments.

8) Level of IDN participants in their ability to share a community-wide care plan to support care management, care coordination, patient registries, population health management, and quality measurement.

9) Ability for IDN participants and the State's Medicaid HIT infrastructure, comprised of State and managed care organization (MCO) vendor systems, to create interoperable systems for the exchange of financial, utilization, and clinical and quality data for operational and programmatic evaluation purposes.

10) Ability for IDN participants to directly engage with their patients for items including but not limited to bi-directional secure messaging, appointment scheduling, viewing care records, prescription management, and referral management.

What this Project Plan asks for: Additional Information re: IDNs participation in the statewide HIT project

Question 11 in the IDN Project Plan template asks IDNs to provide additional information regarding its participation in this project, including a high-level description of HIT gaps within the network. Please see the Project and Metrics Specification Guide for additional detail on the project requirements.

Integrated Healthcare (Core Competency Project)

The integration of care across primary care, behavioral health (mental health and substance misuse/SUD) and social support service providers is a foundational core competency requirement all IDNs. The Integrated Healthcare project (B1) will support and incentivize primary care and behavioral health providers to progress along a path from their current state of practice toward the highest feasible level of integrated care based on the approach described in SAMHSA's Standard Framework for Levels of Integrated Healthcare.

As part of this project each IDN will support its primary care practices, community mental health centers, and other network medical and behavioral health providers in becoming a "Coordinated Care Practice" or an "Integrated Care Practice," depending on what is practical given the practice's current level of integration, patient panel size and risk profile, and available resources. In advancing along the integration continuum, all primary care and behavioral health practices within an IDN are expected to meet "Coordinated Care Practice" designation. All such providers will be expected to progress as far as feasibly possible toward Integrated Care Practice designation during the demonstration period. Many subsequent incentive payments for outcomes are designed to be dependent on well-integrated practices.

What this Project Plan asks for regarding the Integrated Healthcare Project

Question 12 of the Project Plan template focuses on this project, including a current state assessment of relative integration among network participants, a list of participating organizations, a monitoring plan, a description of expected outcomes, challenges and solutions, and significant detail regarding implementation approach and timing. Please see Appendix B for guidance on criteria for identifying which practices may be expected to achieve each category. It will be important to refer to this Appendix when completing Question 12.

E. Key Dates, Project Plan Submission Instructions, and Project Plan Template Checklist

IDNs are required to submit completed Project Plans **by October 31, 2016**. IDN Applicants are asked to submit the following three (3) sets of documents in order for an application to be considered complete.

1. Narrative Document with individual answers for each applicable question (please note each question number)

2. Supplemental IDN Project Plan Excel Worksheet Template

3. Governance charters, as described in Question 7c

Please submit documents both in hard-copy and electronic copy, according to the following specifications. Electronic copies must be submitted <u>by 3pm, October 31, 2016</u>. Hard copies must be received by 5pm, November 1, 2016.

In hard-copy:

Three (3) documents, five (5) copies of each, 11 point font, 1 inch margins and three-hole punched:

1. Narrative Document

2. Printed copies of Supplemental IDN Project Plan Excel Worksheet tabs

3. Copies of the IDN's governance charters, as described in Question 7c.

Electronic:

Three (3) files emailed to 1115waiver@dhhs.state.nh.us:

1. Narrative Document in Word or similar format

2. Supplemental IDN Project Plan Worksheet, in Excel format

3. Copies of governance charters, in Word or similar format

Section I: IDN Plan

Project Plan Question	Response Format
1. IDN Vision and Theory of Action	
Please provide a narrative describing the IDN's vision and theory of action as to how it plans to measurably and significantly improve outcomes for the behavioral health (mental health and/or SUD) population within the IDN Service Region. In addition to the role of individual projects, the response should articulate how the IDN's program as a whole, across projects, will holistically address the Service Region's behavioral health gaps. Please see the draft Project and Metrics Specification Guide for additional detail on the specific outcome metrics targeted for improvement as part of this demonstration.	Narrative (Max 500 words)
2. IDN Service Area Community Needs Assessment	
Please present a community needs assessment of the IDN Service Area that includes, at a minimum, data and information requested in sub-questions 2a-2d below. The state also will be providing IDNs with the following demographic, disease prevalence, and other data to inform this analysis. (Note: Release and distribution of this data will be available upon contract execution.)	N/A

Age	Serious Emotional Disturbance	Serious Mental Illness	Substance use disorder (SUD), including opiate addiction	Co-occurring mental health and SUD condition	Mild-to-moderate mental illness (e.g. anxiety, depression)	Physical health conditions co-morbid with behavioral health conditions			
						Cardiovascular	Respiratory	Diabetes	Other
Child (0-11)									
Youth (12-17)									
Adult (18-64)									
Senior (65+)									

IDNs are also encouraged to take advantage of existing community needs assessments and other data (e.g. data published by SAHMSA) to inform their analysis, and to provide this additional data on their regions by adding an additional tab titled "CNA Data" to the Supplemental Data Workbook.	
a. Analysis of IDN Service Area Disease Prevalance Please provide a narrative describes the implications of this disease prevalence (and any other relevant IDN Service Area) data for the IDN and its Project Plan.	Narrative (Max 1,000 words)

Project Plan Question	*Response Format*
b. Regional demographics Please provide a narrative describing the overall demographic profile of the Service Region's Medicaid beneficiaries and larger population, with particular focus on how these demographic factors inform the IDN's approach to addressing behavioral health needs and the social determinants of health within the region. Demographic factors may include race, ethnicity, income, education level, etc. and may also include geography, housing, household composition, transportation, primary language spoken, etc. IDNs are encouraged to consult census data and demographic data provided by the state in presenting this analysis.	Narrative (Max 750 words)

c. Current resources available
 	
Please provide a narrative describing the behavioral health resources available across the care continuum, noting whether these resources are a) existing b) being deployed c) anticipated to be deployed. Please note that health information technology resources are addressed in Section II and therefore do not need to be discussed here. The response, at a minimum, should address the following types of resources:
 	
    i.   Mental health and SUD resources (including intensive treatment and recovery services such as partial hospitalization or intensive outpatient services). Please also discuss the extent to which mental health/SUD resources are available in primary care settings.
 	
    ii.   Community-based social services organizations and resources that could provide social supports to beneficiaries with behavioral health conditions, including supportive housing, homeless services, legal services, financial assistance, education, nutritional assistance, transportation, translation services, community safety, and job training or other employment services
	Narrative (Max 1,500 words)

d. Assessment of gaps in care
 	
Please provide a narrative assessment of the gaps in care by age group for the sub-populations listed below (at a minimum). The response shall assess gaps across the entire continuum of care, including detection, diagnosis, treatment, management, and recovery. It also should address gaps from both the patient's perspective and the provider's perspective. Gaps may be reflected in terms of access barriers, wait times, workforce shortages, poor outcomes, etc. Please note that gaps in health information technology resources are addressed in Section II and therefore do not need to be included here.
 	
    i.   Serious mental illness
    ii.   Substance use disorder (SUD), including opiate addiction
    iii.   Co-occurring mental health and SUD conditions
    iv.   Co-morbid medical and behavioral health conditions
    v.   Co-occurring developmental disability and mental health/SUD
    vi.   Mild-to-moderate mental illness (e.g. anxiety, depression)
    vii.   Those at-risk for a mental health and/or SUD condition
	Narrative (Max 2,000 words)

3. Community Engagement and Stakeholder Input

Project Plan Question	*Response Format*

a. Please provide a narrative describing the process by which the IDN has solicited community input in developing this Project Plan, noting where this process differed from the original plan presented in the IDN Application. Please include:
 	
   i. Channels and venues through which input was solicited (e.g., public-facing website(s), webinars, participation in IDN workgroups, etc.), as well as key audiences/stakeholder groups
   ii. Frequency with which community input was sought
   iii. Mechanisms to ensure the community engagement process was transparent
   iv. Examples of three key elements of this Project Plan that were informed by community input
   v. An explanation of any instances in which community input could not be addressed or taken into account
	Narrative (Max 1,000 words)

b. Please provide a narrative describing the process by which the IDN will solicit community input in implementing its program over the course of the demonstration. The response should address:
 	
   i. Channels and venues through which input will be solicited, as well as key audiences/stakeholder groups
   ii. Frequency with which community input will be sought
   iii. Mechanisms to ensure the community engagement process is transparent
	Narrative (Max 1,000 words)

4. Network Composition	
a. Please submit a finalized network list using the 4A tab in the IDN Project Plan Supplemental Data Workbook, including the name of the organization, type of service(s) provided, address, telephone contact, email, and brief description. This information may be used to inform an IDN partner directory.	Suppl. Data Workbook, 4A Tab
b. Please describe in detail how this network will be leveraged to address the care gaps identified in the IDN's Service Area Community Needs Assessment (Question 2d)	Narrative (Max 750 words)
5. Relationship with Other Initiatives	

This demonstration is only one of several ongoing initiatives to support New Hampshire's vision for behavioral health reform and is designed to work in concert with other efforts, including:
 	
   • Governor's Commission on Alcohol and Drug Abuse
   • State Innovation Model (SIM)
   • SUD Benefit for Traditional Medicaid Population (July 2016)
   • New Hampshire Health Protection Program
   • Establishment of Regional Public Health Networks and Continuum of Care Facilitators
   • Community Mental Health Agreement
 	
In accordance with Special Term and Condition 28 of the demonstration, projects implemented by IDNs must reflect new health care initiatives or significantly enhance existing health care initiatives.
 	
To this end, please provide a narrative identifying existing, notable delivery system reform initiatives
	Narrative (Max 1,000 words)

Project Plan Question	*Response Format*
related to the objectives of this demonstration that involve IDN participants. The response also should explain how the activities proposed in the IDN Project Plan are not duplicative of activities that are already supported with federal funds.	

6. Description of How This Plan Addresses the Opioid Crisis	
New Hampshire is facing a major opioid addiction crisis. One of the driving purposes for the transformation initiative is to provide the state with additional resources to combat this epidemic and other substance use disorders in coordination with other efforts across the state. Please describe how the IDN's Project Plan addresses the opioid crisis and will improve timely access to opioid-related services in its Service Region, based on gaps identified as part of the IDN's Community Needs Assessment. The response should include a description of how the IDN will leverage and build upon other existing initiatives across the state. While it is likely that IDNs will be focused primarily on addressing short-term needs, please also consider the long-term effects of the opioid crisis on the population, the resources that may be needed to address those effects, and steps that can be taken in the years ahead to treat opioid addiction as a chronic condition in appropriate circumstances.	Narrative (Max 750 words)

7. IDN Governance	

a. Overall governance structure
 	
Please provide a narrative that presents the IDN's overall governance and decision-making structure, including descriptions of:
 	
    i.   The IDN's principle governance committee (e.g., its Board or Executive Committee)
    ii. Other governance committees and their relationship to one another and the principle governance committee
    iii. A description of any separate legal entities being established as part of the IDN, if applicable
    iv. How this governance structure provides for full participation of IDN partners in decision-making processes (e.g. composition, voting rules, etc.)
    v. How this governance structure ensures accountability among IDN partners (including the Administrative Lead), e.g., frequency and content of key performance reports to be reviewed by governance committees
    vi. Processes to handle low-performing partners or partners who cease to participate in the IDN
    vii. Processes to ensure adequacy of network in serving the behavioral health needs of the Service Region
	Narrative (Max 2,000 words)

b. Four governance domains
 	
Please provide narratives describing how the IDN's governance structure provides oversight for the following four required governance domains:
 	
    i. *Clinical governance:*
    Please describe how and by whom standard clinical pathways will be developed. Please also describe strategies for monitoring implementation of clinical standards, managing IDN performance, supporting and monitoring individual partner performance, and fidelity to evidence-based standards.
	Narrative (Max 2,000 words total)

Project Plan Question	*Response Format*
ii. *Financial governance and funds allocation:* IDNs are asked to provide information about financial governance in the Budget and Funds Allocation section of the Plan (Question 8) below. There is no need to describe Financial governance in this section. iii. *Data governance*: Please describe how the IDN will oversee data sharing standards and processes, including approach to draft and execute data sharing agreements among IDN partners, and what role existing information technology, health informatics, clinical, and administrative leadership within partner organizations will play in the data governance process. iv. *Community engagement*: Please describe how the IDN will ensure that the community engagement activities described earlier in Question 3 will be continued throughout the demonstration and supported by the IDN's governance committee structure.	

c. Governance charters
 	
Please provide charters for all major governance bodies, with each charter including, at a minimum:
  i. Committee charge
  ii. Committee responsibilities
  iii. Membership composition
  iv. Meetings (e.g. frequency, etc.)
  v. Decision-making process and voting guidelines
	Please attach charters

d. Key IDN management roles
 	
Using the 7D tab of the IDN Project Plan Supplemental Data Workbook, please identify the individuals serving in the following roles (note: roles are not required to be full-time):
  i. Executive Director, or equivalent
  ii. Medical Director, or equivalent
  iii. Financial Director, or equivalent
	Suppl. Data Workbook, 7D Tab

8. Budget and Funds Allocation	
a. Project Design and Capacity Building Funds: Final Budget Narrative The state will be distributing one-time Project Design and Capacity Building Funds in 2016. These funds allow IDNs to develop the foundational tools and human resources that will enable IDNs to build core competencies and capacity in accordance with community-based priorities. As part of the IDN Application, each applicant IDN was asked to provide a *high-level description* of how Project Design and Capacity Building funds would be allocated, with the opportunity to finalize these estimates as part of the IDN Project Plan. Please provide an *updated* budget narrative describing the IDN's planned use of Project Design and Capacity Building funds	Narrative (Max 750 words)

Project Plan Question	*Response Format*
b. Project Design and Capacity Building Funds: Final Projected Allocation Estimates As part of the IDN Application, each applicant IDN was asked to provide preliminary *estimates* for how Project Design and Capacity Building funds would be allocated, with the opportunity to finalize these estimates as part of the IDN Project Plan. Please use the 8B tab of the IDN Project Plan Supplemental Data Workbook to provide final projected estimates for the allocation of Project Design and Capacity Building Funds (please refer to Appendix A for an outline of these tables). IDNs will be required to report expenditures on a quarterly basis, and variances in actual expenditures vs. these estimates will require written explanations.	Suppl. Data Workbook, 8B Tab

c. 5- year IDN Incentive Funding: Funds Allocation Governance
 	
Please describe:
   i. The process and governance rules by which decisions will be made about the distribution of funds earned by IDNs over the course of the demonstration
   ii. The process by which the IDN will develop project budgets and a fund allocation plan
   iii. The IDN's rationale and justification for this financial governance approach and funds allocation process. In articulating this rationale, please describe how the chosen approach supports in the IDN in successful implementation of its projects and achievement of its performance metrics
	Narrative (Max 2,000 words)

d. 5- year IDN Incentive Funding: Funds Flow to Shared Partners Please provide assurance that an organization or provider participating in multiple IDNs will not receive duplicative payments for providing the same services to the same beneficiary through a project activity.	Narrative (Max 500 words)
9. Alternative Payment Models (APMs)	
Please provide a narrative describing at a high-level the current use of APMs among IDN partner organization, delineated by payer type (Medicaid, Medicare, Commercial, Other). These may include, for example, bundled payments, pay-for-performance, PCMH primary care payments with shared savings, population based payments for condition-specific care (e.g., via an ACO or PCMH), and comprehensive population-based payment models. Please include estimates for the % of provider payments currently made through APMs to provider organizations within the IDN by payer type. For additional information on the state's transition to Alternative Payment Models, please see the Introduction.	Narrative (Max 1,000 words)

Section II: Project-Specific Plans

Project Plan Question	Response Format
10. Project A1: Behavioral Health Workforce Capacity Development	

a. Please use the 10A tab of the IDN Project Plan Supplemental Data Workbook to identify:
 	
   i. The IDN Workforce project lead
   ii. The individuals from the IDN participating (or nominated to participate) in the Statewide Behavioral Health Workforce Capacity Taskforce
	Suppl. Data Workbook, 10A Tab

b. Drawing on the IDN's Service Area Community Needs Assessment, please provide a narrative describing the critical workforce capacity challenges facing the IDN. The response should include a discussion of challenges associated with recruitment, hiring, training, and retention.	Narrative (Max 750 words)
c. Please provide a narrative describing at a high level the strategies the IDN anticipates it will deploy to address these challenges and how the statewide planning process will support the IDN in addressing these challenges at the IDN level	Narrative (Max 750 words)
11. Project A2: Health Information Technology (HIT) Infrastructure to Support Integration	

a. Please use the 11A tab of the IDN Project Plan Supplemental Data Workbook to identify:
 	
   i. The IDN HIT lead
   ii. The individuals from the IDN participating (or nominated to participate) in Statewide HIT planning Taskforce
	Suppl. Data Workbook, 11A Tab

b. Please provide a narrative describing the IDN's critical HIT gaps, including gaps related to community based organizations	Narrative (Max 750 words)
c. Please describe how the IDN anticipates that participation in the statewide planning process will support the IDN in addressing these gaps at the IDN level	Narrative (Max 750 words)
12. Project B1: Integrated Health (Core Competency)	
a. *Current-state* Assessment of Network Please use the 12A tab of the IDN Project Plan Supplemental Workbook to provide preliminary, high-level assessment of current integration levels among all primary care, mental health, and substance use disorder providers in the IDN, using the factors indicated. Please refer to **Appendix B1: Preliminary Current-state Assessment of Network** for more information on this preliminary current state assessment.	Suppl. Data Workbook, 12A Tab
b. **Participating Organizations and *future-state* goal (Coordinated Care level or Integrated Care level)** Please use the 12B tab of the IDN Project Plan Supplemental Workbook to list all primary care, mental health, and substance use disorder providers in the IDN and indicate whether as part of the demonstration the practice will work towards being designated as a Coordinated Care Practice or an	Suppl. Data Workbook, 12B Tab

Project Plan Question	Response Format
Integrated Care Practice. Please refer to **Appendix B2: Suggested criteria for identifying practices expected to meet Integrated Care Practice designation** for additional guidance on criteria for these designations.	
c. Monitoring Plan Please provide a narrative describing what indicators the IDN will use to manage day-to-day performance and understand in real-time whether the IDN is on the path to improving broader outcomes.	Narrative (Max 1,000 words)
d. Expected Outcomes Please provide a narrative describing the anticipated outcomes of this project in relation to the care gaps identified as part of the IDN's Service Area Community Needs Assessment.	Narrative (Max 1,000 words)
a. Challenges and Proposed Solutions Please provide a narrative describing the key challenges the IDN faces in implementing this project and the key barriers to successful improvement of outcome measures. The response should address the IDN's strategy to mitigate these risks and overcome these barriers.	Narrative (Max 1,000 words)
e. Implementation Approach and Timing Using the 12E tab of the IDN Project Plan Supplemental Workbook, for each of the required project process milestone groups, please provide a short description of the IDN's planned approach to accomplishing these project requirements. Please see **Appendix C** for additional instructions. Each description should include at a minimum: • Resources to be deployed to support participating organizations • Individual(s) accountable for success at IDN and participating organization level • Any anticipated barriers/challenges and IDN tactics to address them (i.e. social determinants of health)	Suppl. Data Workbook, 12E Tab
13. Projects C/D/E: Community-driven Projects (please complete for each of three selected projects)	
IDNs are asked to select a total of three Community Driven projects, one from each of the following categories: (1) Care Transition Projects designed to support beneficiaries with transitions from institutional settings into the community; (2) Capacity Building Projects designed to strengthen and expand workforce and program options; and (3) Integration Projects designed to integrate care for individuals with behavioral health conditions among primary care, behavioral health care and social service providers. At least one of these projects must be focused on the SUD population. *The IDN Community Driven menu of projects gives IDNs the flexibility to undertake work reflective of community-specific priorities identified through its IDN Service Area Community Needs Assessment and community engagement.* *For each of the three Community-driven projects selected by the IDN, please provide the following Project Plan information*	N/A

Project Plan Question	Response Format
b. Project Selection Rationale and Expected Outcomes Describe the rationale for selecting this project, how it addresses specific gaps identified in the IDN's Service Area Community Needs Assessment, and the anticipated outcomes of the project.	Narrative (Max 1,000 words)
c. Participating Organizations: Selection Criteria Describe the criteria used by the IDN to identify which organizations are required to participate in this project. Maximum 500 Words	Narrative (Max 750 words)
d. Participating Organizations: List of Organizations Please use the 13, 14, and 15D tabs of the IDN Project Plan Supplemental Workbook to list all organizations participating in this project, their type and role in the project.	Suppl. Data Workbook, 13, 14, and 15 D Tabs
e. Monitoring Plan Please provide a narrative describing which indicators the IDN will use to manage day-to-day performance and understand in real-time whether the IDN is on the path to improve broader outcome measures.	Narrative (Max 750 words)
f. Challenges and Proposed Solutions Please provide a narrative describing the key challenges the IDN faces in implementing this project and the key barriers to successful improvement of outcome measures. Please describe the IDN's strategy to mitigate these risks and overcome these barriers.	Narrative (Max 750 words)
g. Implementation Approach and Timing Using the 13, 14, 15 G tabs of the IDN Project Plan Supplemental Workbook, please provide a short description of the IDN's planned approach to accomplishing each set of required project milestones for each of its three selected Community Driven Projects. Please see **Appendix D** for additional instructions. Each description should include at a minimum: • Resources to be deployed to support participating organizations • Individual(s) accountable for success at IDN and participating organization level • Any anticipated barriers/challenges and IDN tactics to address them	Suppl. Data Workbook, 13, 14, 15 G Tabs

Appendix A: Project Design and Capacity Building Funds Allocation Tables

As part of the IDN Application, each applicant IDN was asked to provide preliminary estimates for how Project Design and Capacity Building funds would be allocated, with the opportunity to finalize these estimates as part of this IDN Project Plan.

The 8B tab of the IDN Project Plan Supplemental Data Workbook contains the following tables. IDNs should use these tables to provide *final* projected estimates for the allocation of Project Design and Capacity Building Funds. IDNs will be required to report actual expenditures on a quarterly basis, and variances in actual expenditures vs. these final estimates will require written explanations.

Period	Q3-Q4 2016	Q1-Q2 2017	Q3-Q4 2017	2018	2019	2020	*Total*
IDN Project Design and Capacity Funds spent, or allocated to be spent	$	$	$	$	$	$	$

Allowable Funds Use Category	Projected (or Actual) $ Allocation, if applicable
Development of a Behavioral Health Needs Assessment (Actual)	$
Development of IDN Project Plan (Actual)	$
Capacity building for direct care or service provision workforce: *Recruitment and Hiring*	$
Capacity building for direct care or service provision workforce: *Retention*	$
Capacity building for direct care or service provision workforce: *Training*	$
Establishment of IDN administrative/management infrastructure	$
Health Information Technology/Exchange	$
Total	$

Organization Category	Dollars Allocated, if applicable
IDN Administration	$
Primary Care Practices (including hospital-based, independent, etc.)	$
Substance Use Disorder (SUD) Providers	$
Community Mental Health Centers	$
Non-CMHC Mental Health Providers	$
Hospital facilities	$
Federally Qualified Health Centers	$
Community Health Centers	$
Rural Health Clinics	$

Community-based organizations providing social and support services	$
Home and Community-based Care Providers	$
County corrections facilities	$
County nursing facilities	$
Other county organizations	$
Non-county nursing facilities	$
Public Health	$
Other organizations (please describe)	$

Appendix B: Additional Guidance on Identification and Assessment of Organizations for the Integrated Healthcare Core Competency Project

The information provided in this appendix is designed to support IDNs in completing Question 12a and 12b of the Project Plan template. As part of these sub-questions, IDNs are asked to use tabs 12A and 12B of the IDN Project Plan Supplemental Workbook in order to:

1. Provide preliminary, high-level assessment of *current* integration levels among all primary care, mental health, and substance use disorder providers in the IDN

2. List all primary care, mental health, and substance use disorder providers in the IDN and indicate whether the practice over the course of the demonstration, the practice will work towards *future-state* designation as a "Coordinated Care Practice" or an "Integrated Care Practice"

Please see additional guidance on conducting these assessments and inventories below.

1. **Preliminary Current-state Assessment of Network**
   Providers across New Hampshire and within each IDN vary widely in the extent to which they already provide integrated care. Some providers—in particular some FQHCs and CMHCs—are already providing highly integrated primary, mental health, and SUD care, while other practices have not yet begun this work or lack the size and scale to support the technology and staffing required to integrate care.

   As part of the planning process in the first half of 2017, IDNs will work with their primary care and behavioral health providers to (a) comprehensively assess their current state of practice against the requirements for a Coordinated Care Practice or an Integrated Care Practice as appropriate and (b) define steps and resources needed to achieve the designation(s) judged to be feasible by the provider and the IDN during the period of the demonstration.

   In advance of a more comprehensive current state analysis, please use tab 12.A of the IDN Project Plan Supplemental Workbook to list all primary care, mental health, and substance use disorder providers in the IDN and provide an initial, high-level assessment of integration using the factors indicated.

Preliminary Current State of Integration: Assessment Tool

Organization Name	EMR in Use	Capability to do e-Referrals through EMR	Patient registries in use	Core standardized assessment in use	Care plans documented electronically or paper, and shared with care team	Universal screening for depression and SUD in place	Regularly scheduled patient case conferences for high-risk patients	Formal consulting arrangements with BH (for PCP) or PCP (for BH) providers	Physically co-located MH or SUD and PC services	Formalized multi-disciplinary care teams that include care coordinator or Community Health Worker	Documented description of multi-disciplinary care team roles and responsibilities	Patient panels established/maintained for each care team	Formalized cross-training of clinical staff in chronic care, mental health, and substance use issues	Evidence-based guidelines established and shared	MOU and documented referral protocols with social service support agencies

2. **Suggested criteria for identifying practices expected to meet Integrated Care Practice designation in future state**

As part of the Integrated Healthcare project, each IDN will support its primary care practices, community mental health centers, and other network medical and behavioral health providers in becoming a "Coordinated Care Practice" or an "Integrated Care Practice," depending on what is practical given the practice's current level of integration, patient panel size and risk profile, and available resources. In advancing along the integration continuum, **all** primary care and behavioral health practices within an IDN are expected to meet "Coordinated Care Practice" designation as part of the demonstration. These providers will be expected to progress as far as feasibly possible toward Integrated Care Practice designation during the demonstration period.

The following are suggested criteria for use by IDNs in identifying practices expected to meet the *additional* requirements associated with the "Integrated Care Practice" designation:

<u>Primary Care Practices</u>
If primary care practice is an FQHC, a CHC, a hospital-based outpatient clinic, OR a hospital-owned community based practice, AND Medicaid patients make up at least 25% of the practice, the practice should be designated an Integrated Care Practice unless there are special circumstances. If a practice that meets these criteria are not designated to be an Integrated Care Practice, the IDN should provide an explanation by adding a tab titled "12.B.Addl" to the Supplemental Workbook.

<u>Behavioral Health Practices</u>
If a behavioral health practice is a CMHC, an SUD clinic, or a recovery program AND Medicaid patients make up at least 25% of the practice, the practice should be designated an Integrated Practice, unless there are special circumstances. If a practice that meets these criteria are not designated to be an Integrated Care Practice, the IDN should provide an explanation by adding a tab titled "12.B.Addl" to the Supplemental Workbook. If a practice does not meet these criteria but is sting a strong candidate for designation as an Integrated Care practice, the IDN has the option to pursue this designation.

Table of Participating Primary Care Practices
Instructions on using this table: If practice is a type indicated in Columns 2, 3, 4, OR 5 AND indicates 'yes' in Column 6, the practice should be designated an Integrated Practice unless special circumstances apply. If there are other circumstances to consider in evaluating a practice that would instead designate the practice a Coordinated Care Practice, please use the 12B tab to describe the factor(s) and how they impact the categorization.

Primary Care Practice Organization Name	Please indicate practice type:				Column 6 Do Medicaid patients make up at least 25% of the practice (by # of visits)? *(Y/N)*	Please indicate practice category*:	
	Column 2 FQHC	Column 3 CHC	Column 4 Hospital-Based Outpatient Clinic	Column 5 Hospital-Owned Community-Based Practice		Coordinated Care Practice	Integrated Care Practice

* Note: if a practice cannot be designated as either a Coordinated Care or Integrated Care practice, please add an additional tab titled "12.B.Addl" to the Supplemental Workbook to explain the circumstances.

Table of Participating Behavioral Health Practices

Instructions on using this table: If practice is a type indicated in Columns 2 OR 3 AND indicates 'yes' in Column 6, the practice should be designated an Integrated Practice unless special circumstances apply. If there are other circumstances to consider in evaluating a practice that would instead designate the practice a Coordinated Care Practice, please use the 12B ab to describe the factor(s) and how they impact the categorization.

Behavioral Health Provider Organization Name	Please indicate practice type:		Column 4 Do Medicaid patients make up at least 25% of the practice (by # of visits)? *(Y/N)*	Please indicate practice category*:	
	Column 2 CMHC	Column 3 SUD Clinic and/or recovery program		Coordinated Care Practice	Integrated Care Practice

* Note: if a practice cannot be designated as either a Coordinated Care or Integrated Care practice, please add a tab to the Supplemental Workbook and explain the circumstances.

Appendix C: Guidance on Core Competency Project Implementation Approach Table

In the 12F tab of the IDN Project Plan Supplemental Workbook, IDNs are asked to provide a short description of the IDN's planned approach to accomplishing each set of required project milestones. Each description should include at a minimum:

- Resources to be deployed to support participating organizations
- Individual(s) accountable for success at IDN and participating organization level
- Any anticipated barriers/challenges and IDN tactics to address them

Time Period	Core Competency Project Milestone	General description of IDN approach to accomplishing requirements	Resources to be deployed to support participating organizations	Individual(s) accountable for success at IDN and participating organization level	Any anticipated barriers/challenges and IDN tactics to address them (i.e. social determinants of health)
January – June 2017	Development of detailed implementation plan, including: • Implementation timeline • Project budget • Workforce plan (including staffing, recruitment, retention) • Key organizational/provider participants • Organizational leadership sign-off				
	Identification or development of: • Comprehensive Core Standardized Assessment and screening tools applicable to adults, adolescents and children • Shared Care Plan for treatment and follow-up of both behavioral and physical health to appropriate medical, behavioral health, community, and social services • Protocols for patient assessment, treatment, management and referral				
	Identification or development of: • Core team meeting/communication plan and relevant workflows for communication among core care team and other patient providers • Written roles and responsibilities for core team members and other members				
	Development of training plan and training curricula for core team members and extended team as needed				
	Identification or development of: • Evaluation plan				

Time Period	Core Competency Project Milestone	General description of IDN approach to accomplishing requirements	Resources to be deployed to support participating organizations	Individual(s) accountable for success at IDN and participating organization level	Any anticipated barriers/challenges and IDN tactics to address them (i.e. social determinants of health)
	• Mechanisms to track and monitor individuals served by program and outcomes				
	Identification or development of agreements with collaborating providers and organizations				
July – December 2017	Implementation and deployment of • Workforce plan (staffing, recruitment, retention) • Training plan				
	Operationalization of: • Comprehensive Core Standardized Assessment • Shared Care Plan • Core Team meeting/communication plan				
	Use of share EHR, electronic coordinated care management system, or other documented work flow				
	Initiation of data reporting, including: a. Number of Medicaid beneficiaries receiving Comprehensive Core Standardized Assessment (during reporting period and cumulative), vs. projected b. Number of Medicaid beneficiaries scoring positive on screening tools c. Number of Medicaid beneficiaries scoring positive on screening tools and referred for additional intervention d. Number of new staff positions recruited and trained (during reporting period and cumulative), vs. projected e. Impact measures as defined in evaluation plan, including annual evaluation of fidelity to evidence-supported program elements				

Appendix D: Guidance on Community Driven Project Implementation Approach Tables

In the 13, 14, and 15 G tabs of the IDN Project Plan Supplemental Workbook, IDNs are asked to provide a short description of the IDN's planned approach to accomplishing each set of required project milestones for each of its three selected Community Driven Projects. Each description should include at a minimum:

- Resources to be deployed to support participating organizations
- Individual(s) accountable for success at IDN and participating organization level
- Any anticipated barriers/challenges and IDN tactics to address them

Time Period	Community-Driven Project Milestone	General description of IDN approach to accomplishing requirements	Resources to be deployed to support participating organizations	Individual(s) accountable for success at IDN and participating organization level	Any anticipated barriers/challenges and IDN tactics to address them
January – June 2017	Development of implementation plan, including: • Implementation timeline • Project budget • Work force plan: staffing plan; recruitment and retention strategies • Projected annual client engagement volumes • Key organizational/ provider participants				
	Identification or development of: • Standardized protocols • Roles and responsibilities for team members				
	Development of training plan and training curricula				
	Development of: • Evaluation plan, including metrics that will be used to measure program impact • Mechanisms to track and monitor individuals served by program				
	Identification or development of agreements with collaborating organizations				
July – December 2017	Implementation and deployment of: • Workforce plan (staffing, recruitment, retention) • Training plan				
	Deployment of relevant assessment, treatment, management, and referral protocols				
	Initiation of data reporting: a. Number of individuals served (during reporting period and cumulative) vs. projected b. Number of staff recruited and trained (during reporting period and cumulative) vs.				

Time Period	Community-Driven Project Milestone	General description of IDN approach to accomplishing requirements	Resources to be deployed to support participating organizations	Individual(s) accountable for success at IDN and participating organization level	Any anticipated barriers/challenges and IDN tactics to address them
	projected c. Impact measures as defined in evaluation plan, including annual evaluation of fidelity to evidence-supported program elements				